

ARKANSAS DEPARTMENT OF HEALTH
Environmental Health Protection-Food Service Section
501-661-2171

PLAN REVIEW GUIDELINES
For Food Establishments

This Guide includes an example of a floor plan example, checklists of code requirements for different types of establishment. Plans are reviewed by appointment or may be mailed. For appointments, call 501-661-2171. For additional information call our Environmental Health Specialists located in your county health unit. Copies of the applicable regulations can be obtained at your local county health unit or on our website at: <http://www.healthy.arkansas.gov/programsServices/environmentalHealth/foodProtection/Pages/RulesandRegulations.aspx#1>

Mail plans and required documents to:

Environmental Health Protection
Arkansas Department of Health
4815 West Markham, Slot 46
Little Rock AR 72205

Attn: Plan Review

Food Service Section does not review PLUMBING PLANS. If you have plumbing plans that need approval, plans must be submitted to Protective Health Codes. Contact a plumbing inspector if you have questions about plumbing approval. The plumbing plan review office can be reached at 501-661-2642.

To expedite review time, include the Plan Review Application forms listed below:

Project Cost Estimate Worksheet and fee
Establishment name and street address
Source of water (Please include the name of municipal water source)
Wastewater disposal (Please include the name of the municipal waste water)
Floor plan showing location of all kitchen equipment
Menu
Proposed Standard Operating Procedures
Other items shown on the checklist/plan review application

***FAILURE TO SUBMIT THE REQUESTED INFORMATION MAY DELAY THE PLAN APPROVAL PROCESS**

NOTE: Wells used for food establishments must comply with applicable regulations. Contact the Engineering Section of the Department of Health at 501-661-2623 for further information.

Written approval from the county Environmental Health Specialist must be provided for wastewater disposal other than public utilities (for example, septic systems).

The approval letter will be mailed or given to you at the time of the review. The original plans and a copy of the letter will be sent to the county Environmental Health Specialist at your county health department.

A pre-operational inspection is required.

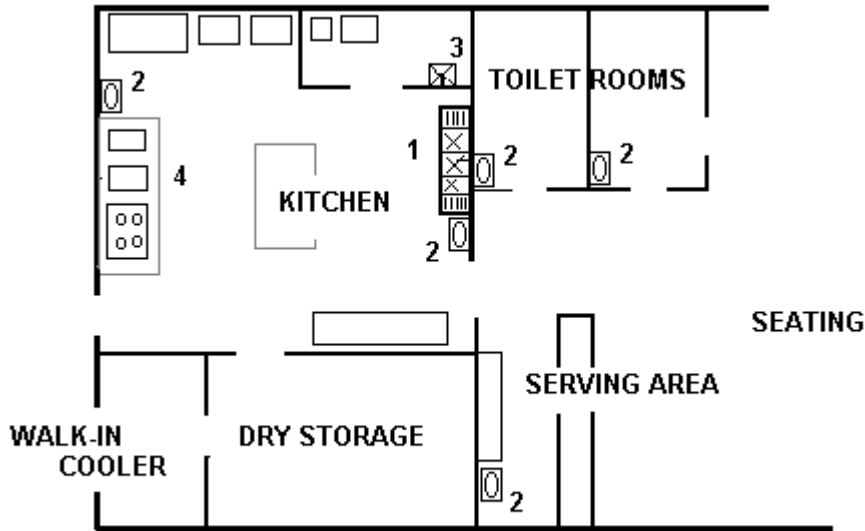
For additional information call
our Environmental Health Specialists located in your local county health unit.

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Example

Each page of hand drawn plans submitted needs to have:

Name of Establishment
Physical address
Name of owner
Mailing address
Telephone number



Legend

- 1- 3-compartment sink with 2 drain boards
- 2- Hand washing lavatory
- 3- Service sink
- 4 - List of all equipment
 - Stove
 - Fryer
 - Grill
 - Cooler
 - Freezer
 - Prep Tables

Source of water: City water (***Please include the name of the municipal water supply***)

Sewage disposal: City sewer (***Please include the name of the municipal waste water***)

Toilet Rooms have closers on doors and ventilation to outside air.

Lights in all food preparation and utensil washing areas are shielded.

Please include the types of materials used for floors, walls and ceilings. Acceptable finishes would include: sealed concrete or tile for flooring; quarry tile, fiberglass reinforced plastic (frp) or stainless steel for walls that will be exposed to extreme heat and wet conditions; painted gyp board is acceptable for dry storage areas and wall areas not exposed to moisture; vinyl coated tile or other smooth ceiling materials.

FINISH SCHEDULE EXAMPLE

Room	Floor	Walls	Ceilings
Food prep	Sealed smooth concrete	FRP, Stainless Steel	Vinyl-faced gyp board
Toilet rooms	Vinyl tile	Quarry Tile	Painted gyp board
Dry storage	Sealed smooth concrete	Painted gyp board	Painted gyp board

USE ADDITIONAL SHEETS OF PAPER IF NECESSARY

RETAIL CHECKLIST
REFER TO APPROPRIATE REGULATION

Establishment: _____
Street address: _____ City: _____

<div style="border: 1px solid black; padding: 10px; text-align: center;"> PLANS MUST BE APPROVED BEFORE BEGINNING CONSTRUCTION OR REMODELING For additional information call our Environmental Health Specialists at your local county health unit. </div>	Check off	Food Service	Prepackaged	Mobile, Seasonal	Salvage
WATER - APPROVED SOURCE (Indicate source, e.g., Public water)		X	X	X	X
WASTE WATER DISPOSAL (Wastewater Letter from Local Health Department required when municipal wastewater is not available)		X	X	X	X
INTENDED MENU (VARIANCE APPROVAL/HACCP PLAN IF NEEDED)		X	X	X	X
PROPOSED STANDARD OPERATING PROCEDURES (Completed copy of Plan Review Application)		X	X	X	X
FINISH MATERIALS - Floors, Walls, Ceilings - SMOOTH, WASHABLE WHERE REQUIRED		X	X	X	X
HAND WASHING FACILITIES - Location as specified in 5-204.11		X		X	X
WARE WASHING EQUIPMENT - 3-COMPARTMENT SINK WITH 2 DRAINBOARDS		X		X	X
MECHANICAL WARE WASHING EQUIPMENT MUST COMPLY WITH CHAPTER 4		X			
LIGHTING - ADEQUATE; SHATTERPROOF		X		X	X
VENTILATION - TOILET ROOMS; EXHAUST HOODS (Compliant with HVACR code)		X	X	X	X
TOILET ROOMS - SELF-CLOSING DOORS		X	X	X	X
LIST OF EQUIPMENT INVOLVED IN THE PREPARATION AND STORAGE OF FOOD		X	X	X	X
SERVICE SINK		X	X		X
SOLID WASTE STORAGE - FOOD CODE SECTION 5-501.11		X	X		
SERVICE WINDOWS AND OUTER OPENINGS - FOOD CODE SECTION 6-202.15		X	X	X	X
FOOD GUARDS - Food on display, e.g., salad bars - Food Code Section 3-306.11		X	X	X	
MOBILE - PUSH CART - SEASONAL - COFFEE KIOSK					
PERMANENTLY MOUNTED WATER AND WASTEWATER TANKS				X	
WRITTEN AGREEMENT WITH WASTE WATER DISPOSAL SITE				X	
SERVICE AREA LETTER				X	

For additional information call our Environmental Health Specialists located in your county health unit.

For County Health Unit contact information visit our website at:

<http://www.healthy.arkansas.gov/programsServices/localPublicHealthOffices/Pages/default.aspx>

ARKANSAS DEPARTMENT OF HEALTH
PROJECT COST ESTIMATE WORKSHEET

PROJECT NAME _____

PROJECT ID# _____ (ADH Use Only)

COUNTY _____

PROJECT LOCATION (911 if available) _____

CITY, STATE, ZIP _____

OWNER/SUBMITTER NAME _____ TELEPHONE _____

MAILING ADDRESS _____

CITY, STATE, ZIP CODE _____

COST ESTIMATE: ESTIMATED COST SHALL BE BASED ONLY ON THOSE IMPROVEMENTS THAT
REQUIRE A DEPARTMENT OF HEALTH REVIEW.

WATER SYSTEM IMPROVEMENTS..... \$ _____

SEWER SYSTEM IMPROVEMENTS..... \$ _____

PLUMBING..... \$ _____

SWIMMING POOL..... \$ _____

FOOD ESTABLISHMENT IMPROVEMENTS..... \$ _____

HEALTH FACILITY IMPROVEMENTS \$ _____

OTHER..... \$ _____

TOTAL ESTIMATED COST..... \$ _____

A. PLAN REVIEW FEE:..... \$
1% of total est. cost, not less than \$50 and not to exceed \$500. (see #1 on reverse side)

B. PLAN REVIEW FEE for INDIVIDUAL ONSITE
WASTEWATER SYSTEMS..... \$
For individual sewage disposal system permits; and for subdivisions whose (see #2 on reverse side)
lots are < 3 acres, and mobile home & RV trailer parks utilizing individual
sewage disposal systems

TOTAL FEES SUBMITTED \$
(Add A & B)

RECOMMEND THAT (A) AND (B) BE SEPARATE CHECKS. MAKE CHECKS PAYABLE TO: ADH.

PREPARED BY: _____ DATE _____

EXPLANATION OF PLAN REVIEW FEES

#1) Act 399 of 1987 amended Act 469 of 1965 establishing a fee for the review of plans and specifications which are required by law or regulation to be reviewed by the Department. The fee is 1% of the estimated cost of construction, with a minimum fee of \$50.00 and a maximum fee of \$500.00. An Engineering estimate must accompany the plans unless the maximum fee of \$500.00 is paid.

IF TOTAL ESTIMATED COST IS \$5,000.00 OR LESS, REVIEW FEE IS \$50.00. IF TOTAL ESTIMATED COST IS \$50,000 OR MORE, REVIEW FEE IS \$500.00.

IF TOTAL ESTIMATED COST IS BETWEEN \$5,000.00 AND \$50,000.00, CALCULATE AS FOLLOWS:

PLAN REVIEW FEE = $(0.01) \times (\text{TOTAL ESTIMATED COST}) = \$$ _____.

#2) Act 1928 of 2005 amended Act 407 of 1977 to establish a review fee for subdivisions whose lots are < 3 acres which utilize individual sewage disposal systems and for individual sewage disposal system permits.

SUBDIVISIONS on INDIVIDUAL SEWAGE SYSTEMS:

FIRST LOT @ \$100.00 = \$ 100

ADDITIONAL LOTS @ \$25.00each..... = _____

TOTAL = _____ (MAXIMUM FEE = \$1500.00)

INDIVIDUAL SEWAGE DISPOSAL SYSTEMS:

1500 SQ.FT. OR LESS = \$30

1501 – 2000 SQ.FT. = \$45

2001 – 3000 SQ.FT. = \$90

3001 - 4000 SQ.FT. = \$120

4001 SQ.FT. & GREATER = \$150

ALTERATION, REPAIR, OR EXTENSION = \$30

SQUARE FOOTAGE DOES NOT INCLUDE GARAGES, CARPORTS, PORCHES OR SIMILAR AREAS

#3) Act 36 of 1991 established a review fee for Mobile Home Parks and Travel Trailer Parks utilizing septic systems for sewage disposal based on the number of spaces:

MOBILE HOME & TRAVEL TRAILER PARKS ON INDIVIDUAL SEWAGE DISPOSAL SYSTEMS:

2-25 SPACES.....\$25.00

26-50 SPACES.....\$50.00

51-75 SPACES.....\$75.00

76 OR MORE.....\$100.00